

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Andreas Reincke

Confirmation No.: 7884

Application No.: 10/533,852

Group No.: 3637

Filed: October 9, 2003

Examiner: Matthew W. Ing

For: HOUSING

**CERTIFICATE OF EFS SUBMISSION (37 C.F.R. § 1.8(a)(1)(C))**

I hereby certify that on **August 3, 2010** the following correspondence:

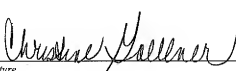
Name of Paper: Response to Office Action

Fees: Extension Fees (1 month)

Amount: \$130.00

Payment By: Credit Card via EFS-Web

is being submitted to the Patent and Trademark Office via the Office Electronic Filing System in accordance with § 1.6(a)(4).

  
\_\_\_\_\_  
Signature

Telephone Number: 440-684-1090

Christine Goellner  
\_\_\_\_\_  
Type or print name of person certifying

**NOTE:** *It is advisable to keep a copy of certification of EFS-Web transmission § 1.8), including the list of papers submitted, to establish the local time of the submissions if such evidence is needed*

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Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

## STATUS

2. Applicant is other than a small entity.

## EXTENSION OF TERM

3. Applicant petitions for an extension of time (other than small entity) for **one month**.

Fee - \$130.00

If an additional extension of time is required, please consider this a petition therefor.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		
TOTAL	10 MIN US	20	= 0	x \$52.00	=	\$0.00	
INDEP	3 MIN US	3	= 0	x \$220.00	=	\$0.00	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+	\$0.00	=	\$0.00
				TOTAL		\$0.00	
				ADDIT. FEE			

*No additional fee for claims is required.*

**FEE DEFICIENCY**

5. If any additional extension and/or fee is required, charge Deposit Account No. 50-0537.

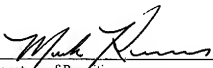
If any additional fee for claims is required, charge Deposit Account No. 50-0537.

Date: August 3, 2010

Tel. No.: 440-684-1090

KUSNER & JAFFE  
Highland Place - Suite 310  
6151 Wilson Mills Road  
Highland Heights, OH 44143

Customer No.: 22203

  
\_\_\_\_\_  
Signature of Practitioner  
Mark Kusner, Reg. No.: 31,115